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## APPLICANTS

Samuel S. Mehring JR., Tampa, FL;

\*\* CONTINUING DATA \*\*\*\*\*

none R.S.

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	EXAMINER'S SIGNATURE <i>Robert B. Linton</i>	INITIALS <i>R.B.L.</i>		
Verified and Acknowledged				

## ADDRESS

Edward P. Dutkiewicz  
 640 Douglas Avenue  
 Dunedin, FL  
 34698

## TITLE

Therapeutic mattress system

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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